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The same lack of appreciation is exhibited in the choice of apartments and single rooms in the large cities; nurses in particular should seize every possible advantage in choosing the room or rooms where they will live while off duty. With the multiplicity of telephones and increased transportation facilities in most cities and towns, it is possible for nurses to find their habitations nearer the parks and suburbs, away from the dirty, noisy, congested centres of the cities, where the single window may look out at an alley or the blank wall of a court. Then let the windows face east, southeast, or south, preferably southeast, where the very early sun does not disturb the late sleep of the overtired nurse, and the room is flooded with sunlight in the middle of the day.

A house standing with its four corners to the points of the compass will have sunlight in every room at some hour of the day, which is one of the most important hygienic features in selecting the site for a habitation. Obviously it is only the rich or very well-to-do in cities who can afford such sites, but for those of limited means, which compel limited space, much forethought should be expended upon situating the house in a way to utilize the light and air to the best advantage.

There are millions of houses having dull, dismal rooms, which might have been bright and with a cheerful outlook if some one had given a few minutes thought to the subject. When sunlight and air become fashionable, like gilt chairs, cut glass vases, and lace curtains, think of the people who will have to spend their money to get what they might have had for nothing!

(To be continued)

A SUCCESSFUL CENTRAL REGISTRY

By LILY KANELY, R.N.

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SINCE December, 1906, the Central Registry for Nurses, established under the Graduate Nurses' Association of the District of Columbia, has been in successful operation and has been self-supporting from the beginning.

By giving an entertainment, a fund of \$200 was obtained to be used in furnishing and the extraordinary expenses of establishing and organizing; so that revenues might be used for current expenses alone, and the registry be free of debt or obligations.

Success was assured by several superintendents in town, who had maintained registries, each for the benefit of her own graduates, agreeing

to give up these registries as soon as a central registry should be in operation.

Members of the association, as a body, also pledged themselves to support the registry in the first days of its existence by registering and paying the fee, and many who had an assured clientèle, or were not engaged in private nursing, did this for the first year or two with commendable loyalty, until the registry had established its claim to usefulness, and was assuredly self-supporting.

The registry is under the management of a committee composed of the president of the association, ex-officio, and ten other members, elected annually by the Council, one of these ten being selected to act as chairman.

The committee elects its own treasurer, and the funds are kept separate and distinct from the association funds. Reports are made at each association meeting of all actions of the Registry Committee, disposition of funds, etc., though the committee is free to act at its discretion.

The primary object, of course, was to act as intermediary between nurses and physicians, hospitals, or the public; but a secondary object was to regulate the actions of those nurses who, with little or no nursing education or even experience, had been able, and often with the consent of physicians, to represent themselves as graduates and charge the same amount as graduates.

To this end, and because there is always a demand for such experienced nurses for convalescent patients among people of moderate means, or for chronic cases of long duration, and because it was deemed advisable to make the registry useful to as great a mass of physicians and the public as possible, it was decided to take upon the registry list experienced nurses as well as graduates.

These are divided into three classes: those with some hospital experience who may charge up to \$15.00 per week; those who have had some years of experience under physicians, who may charge up to \$10.00 per week; and those of no particular training, but whose known good character and reliability, and long experience with some chronic case, make them useful with that class of case. These may charge up to \$8.00 per week. Any one registering on these terms must agree not to take cases, whether obtained through the registry or not, for more than the sums mentioned.

When an instance of a breach of this agreement comes to the notice of the Registry Committee the person is warned the first time, and the second time may be dropped from the registry list.

At the beginning of the present year, in order to stimulate an interest in state registration among the recent graduates of training schools in the District of Columbia, it was decided that no graduate should be eligible to the benefits of the registry who was not a "registered nurse" according to the law. This did not exclude the non-graduate, or experienced, class, as it applied only to graduates.

In such an undertaking as a central registry the work of the registrar is somewhat complicated, in trying to adjust the claims of the nurses to the demands of the physicians, to act with tact as well as justice and fairness to all concerned. It may be said that this has been done satisfactorily in the present instance.

In the beginning of the third year the business affairs were in so satisfactory a condition that it was possible to engage an assistant to the registrar, at a small salary, to relieve the regular incumbent for a certain time each day, or as they may agree between them.

This small account may interest those about to start such registries in other cities, giving, as it does, the principal reasons for the success of this one, *i.e.*, the public spirit of the superintendents mentioned in giving up their own private registries, the loyalty of association members in supporting the registry in its infancy, and the decision to make the registry useful to as great a number of people as possible.

AN ACCOUNT OF A CASE OF EPILEPSY

By THERESA ERICKSEN, R.N.

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BABY M., a little girl two years old, and seemingly in the very best of health, was sitting at a child's low table eating her supper at 6 P.M., November 17, 1907, when we noticed her falling down, or rather sliding down, from her chair in a dead faint, and on picking her up we found her quite rigid. She soon came to, but seemed very uncomfortable and dazed until she vomited, after which she went to sleep as usual. The doctor who was called and who knew the child well, thought it was only a case of digestive disturbance and ordered calomel in doses of gr. $\frac{1}{10}$, until one grain had been taken, followed by castor oil, 3ii.

The next day she seemed much as usual until afternoon, when she looked very tired and wanted to lie down or to be held. She had her light supper at 6 o'clock and was put to bed at 6.30. At 7 P.M. we heard a short cry, and on running upstairs found her in what we still thought was some stomach disturbance, though she had always before